

PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	Attorney Docket Nun	nb r	SRX 110			
DECLARATION FOR UTILITY OR DESIGN	First Named Invento	r	Judith Fitzpatrick			
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number	09	526,582			
	Filing Date	Mar	ch 16, 2000			
☐ Declaration	Group Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name					

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND DEVICE FOR DETECTION OF APO A, APO B AND THE RATIO THEREOF IN SALIVA								
the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) 03/16/2000 as United States Application Number or PCT International								
Application Number 09/526.582 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO			
			0000		0000			
Additional foreign application					eto:			
I hereby claim the benefit und			application(s) lis	sted below.				
Application Number(s	March 16, 19	99	Additional provisional applicationumbers are listed on a supplemental priority data shee PTO/SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





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Method and Device for Detection	of APO A, APO B and the Ratio Thereof in Saliva

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.:	S. Pare	nt Application		PCT Parent		Parent Filing Date (MM/DD/YYYY)			•	Parent Patent Number (if applicable)			
		CT international											
As a named inve and Trademark	entor, I he Office co	ereby appoint the nnected therewit	tollowir h: 🔲	ng registered pi Customer Num	ber	(s) to p	rosecut	e this applica	tion and to	> transa	Place Custo	omer	
				<i>OR</i> Registered pra		name	/registra	tion number	listed belo	,, L	Number Bar Label he	1.1	
	Name			Regist		·			ıme		Registration Number		
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Robert A.	•	ges		41,07 42,73									
Kevin W.	King			42,73	,								
Additional r	egistered	practitioner(s) n	amed o	n supplemental	Registere	d Prac	titioner	Information s	heet PTO	/SB/020	attached here	eto.	
Direct all corr	esponde 			er Number Code Label				OF	×c	orrespo	ondence add	ress below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	ole or F	irst Invento	r:				A petit	ion has bee	en filed fo	or this u	ınsigned inve	entor	
Given Name (first and middle [if any])					Family Name or Surname								
	Judit	h		, 1	,			Fitz	patricl	<u> </u>		 	
Inventor's Signature	(ken	XSF	Thy	yut						Date	4/4/00	
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Post Office Address													
City	City Tenafly State NJ ZIP						p 07670 Country US			US			
■ Additiona	l invento	rs are being n	amed c	on the 1 su	ıpplemer	ital Ad	ditiona	I Inventor(s	s) sheet(s	s) PTO	SB/02A atta	ched hereto	



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sign (+) inside this box

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DECLARATION

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									entor		
Given Name (first and middle [if any])						Family Nar	ne or Su	ımame			
Regina B. Lenda											
Inventor's Signature	Regime B. Lewol				2 &				7/10/00 Date		
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Post Office Address											
City	Wesley Hills	State	NY		ZIP	10977	Country	US			
Name of Addition	nal Joint Inventor, if any	/:			A petitio	n has been file	d for this	unsigne	ed inv	entor	
Given Name (first and middle [if any])					Family Name or Sumame						
Chi	Christopher L. Jones										
Inventor's Signature								Dat	е		
Residence: City	Riverdale	State	ŊJ		Country	US		Citizen	ship	US	
Post Office Address	P. O. Box 303								_	,	
Post Office Address							T	 -			
City	Riverdale	State	NJ	ſ	ZIP	07457-03	Count	try U	S		
Name of Additio	nal Joint Inventor, if an	y:			A petition	on has been file	d for this	s unsign	ed inv	entor	
Given Na	ame (first and middle [if any])				Family Na	me or S	umame			
•											
Inventor's Signature								Dat	te		
Residence: City		State			Country			Cjtizer	ship		
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Filed: March 16, 2000

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Method and Device for Detection of APO A, APO B and the Ratio Thereof in Saliva PTO/SB/02A (3-97) JUL 1 8 2000 Approved for use through 9/30/98. OMB 0651-0032 Please type a plus sign (+) inside this box -> Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. RADEMA ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1 **DECLARATION** A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Family Name or Surname Lenda Regina B. Inventor's Date Signature US Wesley Hills US NY Citizenship Country Residence: City State 27 Tammy Road Post Office Address Post Office Address 10977 US Wesley Hills NY Country ZIP City A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle [if any]) Jones Christopher L. 4/11/00 Inventor's Signature NJ US US Riverdale Citizenship State Country Residence: City P. O. Box 303 Post Office Address Post Office Address 07457-0303 US NJ Riverdale State Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle [if any]) Inventor's Date Signature State Citizenship Residence: City Country Post Office Address

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